



P. O. Box 1865 Roswell 30077 • 1001 Bombay Lane Roswell 30076 • 770-592-8002 / 770-592-3686 (fax) • staff@gfda.org

FIRM MEMBERSHIP APPLICATION / RENEWAL DUES FOR 2019 CALENDAR YEAR

**This form should be completed in full and returned with your payment.
Please clearly print or type all information as it should appear in our directory and on our website.**

The Association is happy to accept a single payment for multiple locations; however, all locations must have a unique FDIFCC and physical address to be compliant. Please submit a separate renewal form for each location.

PLEASE NOTE THIS IS A TWO PAGE DOCUMENT

FUNERAL HOME NAME: _____

FUNERAL DIRECTOR/FULL & CONTINUOUS CHARGE AT THIS LOCATION:

Main Contact / Owner (if different than above): _____

**Additional Funeral Directors at your firm to be included in membership (no additional dues).
Please feel free to use 2nd sheet as needed.**

Name 1: _____ Name 2: _____

Name 3: _____ Name 4: _____

MAILING ADDRESS _____

CITY, STATE _____ **COUNTY** _____ **ZIP** _____

PHYSICAL STREET ADDRESS _____

CITY, STATE _____ **COUNTY** _____ **ZIP** _____

PHONE# () _____ **FAX #** () _____

Funeral Home E-mail _____

Funeral Home Website _____

I hereby subscribe to the By-laws of GFDA.

Firm Member Authorized Signature:

Date _____

Note: Firm members are funeral homes holding a current license from a state licensing agency.

MEMBER EMAIL ADDRESSES FOR GFDA COMMUNICATION

The Funeral Home email address given above will be included publicly on the website and in the membership directory. Below, please list any additional email addresses – which will not be published – for members who would like to receive GFDA Alerts and Bereavement Notices. Please feel free to include extras on an additional sheet.

Name	Email address

**Please fully complete both pages and return them via mail, email, or fax to GFDA.
(USPS: P.O. Box 1865, Roswell, GA 30077 / Email: staff@gfda.org / Fax 770-592-3686)**

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PAYMENT INFORMATION

Please print legibly and include all requested information – **ALL CARD INFO MUST BE COMPLETE AND LEGIBLE TO BE PROCESSED.** Payments cannot be processed without complete billing address (*including* the ZIP code) or correct card codes.

Credit card information is never kept on file. After processing your payment and generating a receipt, this page will be properly disposed of. Receipts will be sent via email, so please ensure that your contact information on the Membership Application is correct.

(Check your appropriate dues category and pay by check or credit card)

		<u>DUES</u>
_____A	50 funerals per year	\$ 225.00
_____B	51 - 100 funerals per year	\$ 360.00
_____C	101 - 150 funerals per year	\$ 475.00
_____D	151 - 200 funerals per year	\$ 615.00
_____E	201 - 299 funerals per year	\$ 875.00
_____F	300 - 499 funerals per year	\$ 1195.00
_____G	500 or more funerals per year	\$ 1395.00

_____ **Check enclosed:** Mail to GFDA, P.O. Box 1865, Roswell, GA 30077

_____ **Pay by Credit Card:** Email to staff@gfda.org OR Fax to 770-592-3686

ALL CARD INFO MUST BE COMPLETE AND EASILY READABLE TO BE PROCESSED

Credit Card # _____

Type of Card _____ **Exp. Date** _____ **Card Code** _____
(4 digits, front of card for AmEx; 3 digits, back of card for Visa/MC)

Card Billing Address _____

Card Billing ZIP _____ **Receipt Email** _____

Signature for Approval _____